STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYDIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME KNOWN CTYPE OR PRINTS ESTI-OF Frank Bader DEATH MATED 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED Dec. 9,1918 male white 60 DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED Virginia U.S.A. Howard County DIVORCED 12a USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Physicist Highland 7009 Deer Valley Road Hopkins Lab. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Highland Howard 7009 Deer Valley Road YES . NO TO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST John Bader, Sr. unknown 16b. SOCIAL SECURITY NO. 17. INFORMANT 7009 Deels Valley Road 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 227 14 7502 Carolyn Bader Highland . Maryland 20777 no APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cardio. Visco for diserse Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, YES NOV 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 211. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection X Inquiry X 22a. I certify that I took charge of the remains described obove, held on and in my apinion Autopsv. Natural causes Homicide Undetermined monner PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA EXAMINER'S NAME Thomas F. Herbert M.D. Church Road . Ellicott City . Md 21043 (TYPE OR PRINT) 23g, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 6/18/79 Catonsville, Baltimore, Maryland cremation Westview Mem. Park 24. FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR firtry Malvods **DHMH - 17** BLACK Funeral Home, Ellivott City, Maryland 21043 (VR A15 ME (5)) 15M 7/76

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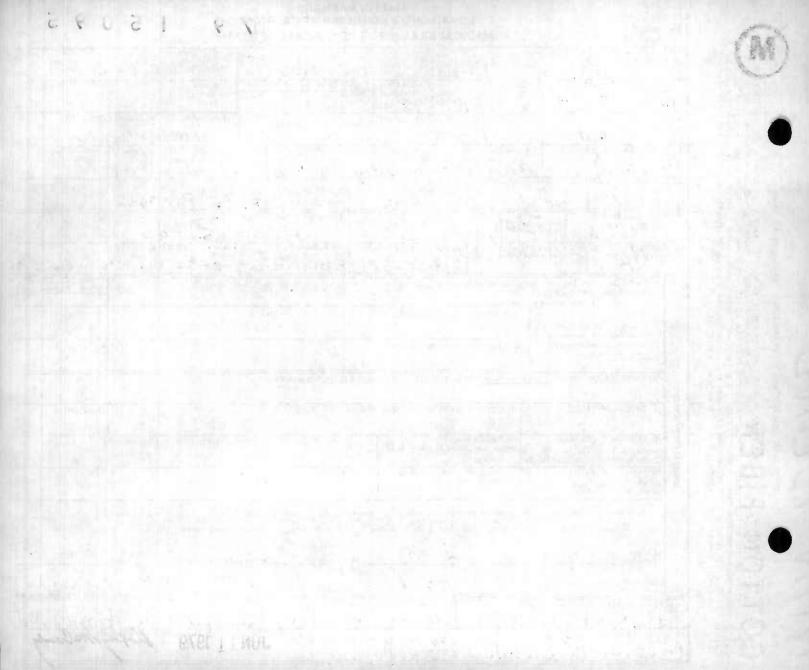
STATE OF MARYLAND

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1D 2 1 20 24 hours led in b uld be fil	nust be n	USU/ 13a S	AL RESIDENCE (IF NURS	Howar	THER INSTITUTION		ORE ADMISSION)	13d INSIDE CITY LIMITS?			ess amar Dr			
RYLAN vithin 2	niner n		THER'S NAME		ODLE	LAST	La	YES NO K		MIDI		7	LAST	
w ed w	OX		William		Н.	Biggs		Edith				Luk	ess	
RE, secut	Jico /		VAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SEC	CURITY NO.	17 INFORMANT	591	9 Tama	PREDriv	е		
IMORE oe execu	medic		yes	Kore		214 30	5425	Jean Biggs	Col	umbia,	, Maryl			ATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ratending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file	ir to Durial, cremation, or injury, ar ather troumost	NOI	Conditions, if ony gove rise to imm couse 10.1 stotic underlying couse	mediote ng the lost NIFICANT CO	1 104	A LONSEO	UENCE OF	Common Co	RMINAL D	Oise ISEASE OR (/		LOR-
AL RECO	shows any	CERTIFICATION	19a DATE OF OPERA	U	196 COND	OITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES	AUTOPSY?	#N CER	YES, WERE I TIFYING CA YES	AUSES C	
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DIVISION ING PHYS r affer this c	rked or Item	MEDICAL	21d. INJURY OCCUR	MILE TO		OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCATION STREET		СПУ	OR TOWN	COUN	Y	STATE
R ATTENDIN hospitol or RECTOR: Af	21 is ma		22s I certify that I saw the decease above. (1) we'll	THE RESERVE OF THE PARTY OF THE	and the same of th	21 11 11	79	nd that in (my) (our) opinion	, to on death a	occurred on	the date and h	our and fro	, the	ouses stoted
by the ERAL DI	ANT: If Item		274 SIGNATURE 274 PHYSICIAN'S N	nou	1. 9	loung	9 /	AFTENDING PHYSICIAN 270 ADDRESS	DIRE	DICAL CTOR PH	STAFF HYSICIAN [120	1/4	179
O HOSE etained TO FUNI should b	with the Stot		Anthony			.D.		Howard Cou				16		
		23a E	BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATOR		CITY OR TOWN	N	COUNTY	3.00	MAIL
DHMH - 16 50M? (VR A 15 (4))			cremation UNERAL DIRECTOR ACK Funera		6/14.	ADDRESS		ew Mem. Park 250.0 Land 21043		D. BY REGIST	111e Ba TRAR 256. REG 979	Line	me I	Jarylan Chody
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		STATE OF MARYLAND	
1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIPNE	15095
1.	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	G. NO.
	CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOW	VN MONTH DAY YEAR 126. HOUR
(TY	PE OR PRINT)	OF EST	1 1 00 1100
3. SE	X 14. RACE 5. C	DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2C. DATE	MONTH DAY YEAR 24 HOUR
1	M	SONTH DAY YEAR LAST BIRTURAY	The Fronk
	nale Black	6-13-1899 78 YRS. DAYS HOURS MIN. PRONOUNCED DEAD	19 M
/0 E	OREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	CITY OR COUNTY OF DEATH
1	Ma.	U.S. A. WIDOWED & DIVORCED HOW	and County MD.
10.0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (LIF NOT IN SUCH FAGILITY, GIVE STREET ADDRESS)	N (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
10	slumina A	FEWERS County Grestreet ADDRESS) Hosp. Columbia Mrs. Retired	2,
	AL RESIDENCE (IF IN NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
in	alyland Human		× 2936
14. F	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	1
٥	FIRST IN II am F	Sourdley LAST SR FIRST Annie Dor	ds ? LAST
a 16a	WAS DECEASED EVER IN U.S. ARMED	Source of State of St	DRESS
1	YES, NO, ORUNKNOWN) (IF YES, GIVE WAR	OR DATES)	· 01 1'4.
	10	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	
	PART I DEATH WAS CAUSED BY:	ne cause per line for (a), (b), and (f).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE.C.		
	4272	DUE TO, OR AS A CONSEQUENCE OF	
	Canditians, if any, which gave rise to immediate	(b)	
	cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	Tyring coose lost.	(c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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= \{ \}	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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CERTIFICATION	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN	
	UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DAY YEAR TH P.M. 19	
MEDICAL	21d. INJURY OCCURRED	210 PLACE OF INJURY (ATHOME, 211 LOCATION	
ME		STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK		
	22e. I certify that I taak charge of	the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my apinian
	death resulted fram: Natural co	auses , Accident Suicide . Hamicide Undetermined monner	
	1	TITLE (SPECIFY)	61-76
	SIGNATURE SAME	Iry Cally M.D. assistant MEDICAL EXAMINER	DATE 6-6
2_		0000 -11111 2150 06	200 0
	(TYPE OR PRINT) BA	RBY CALIN ADDRESS 3459 ST.	our coise
23a.1	SURIAL, CREMATION, REMOVAL 236. D	DATE 1234 NAME OF CEMETERY OR CREMATORY 1234 LOCATION	A Company of the Comp
1	BURIAL 6.	-11-79 Locust Cemetery Simpson	Wille Houned Mt.
24	UNERAL DIRECTOR	DILL N. 11 ASh ST 250. DATE REC'D BY REGISTRAR 1251	REGISTARIS ALGINATURE
16.	- PORCHO K SO	MILLON FOX VILLO AND	my your
	10111111111	NOVO TO TOUND THE INICIAL	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE CERTIFICATE OF DEATH REG. NO

26 HOUR

2n DATE OF DEATH

DAYS

HOURS

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

GOODYEAR TIRE CO.

WATRING

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

YES T

NO [

STATE

22c DATE SIGNED

STATE COUNTY W. VA.

(VR A 15 (4))

DHMH-16 60M 1/73 24 FUNERAL DIRECTOR

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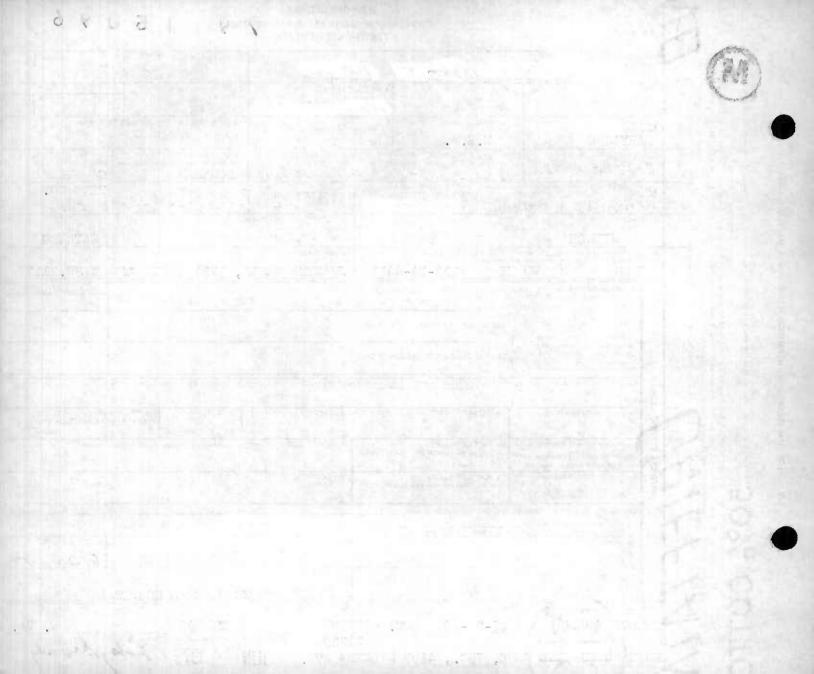
REGISTRAR

DECEASED NAME

21229

250. DATE REC'D. BY REGISTRAR 256 RECOTRAR'S SIGNATUR

HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE 9 CERTIFICATE OF DEATH

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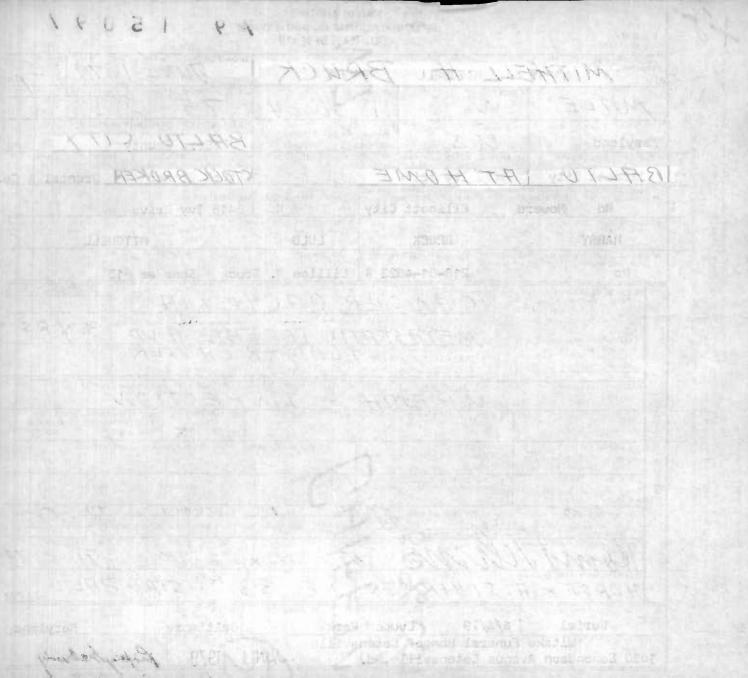
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7a BI	IRTHPLACE (STATE	OR FOREIGN 7	L CITIZEN OF WHAT CO	UNTRY? 8	- C		9. BALTIMORE CITY O	R COUNTY	OF DEATH	
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9	Md	Howard	d Ellic	cott City		10 🖾	8418 Ivy D	rive		
14 FA	ATHER'S NAME				15. MOTHER'S N		\E į	12		
1	HARRY	M	BRI	ICK	LULI		, MIDDLE	MIT	CHELL	51
160 V	WAS DECEASED EN	ER IN U.S. ARM		IAL SECURITY NO.	17 INFORMANT		ADDRE		DITLLL	
	YES, NO OR UNKNOWN		WAR OR DATES)					11	4 12 1	
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	18 CAUSE OF DE	ATH Enter only	one couse per line for to	, (b), ond (c)	001	705	1-11	7	BETWEEN	MATE INTERVAL ONSET AND DEAT
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	underlying co		DUE TO, OR AS A CO	INSEQUENCE OF	1) -1/-		() ////	,	1255	
1.8	DART 2 OTHERS	ICANE CANT CO	ONDITIONS CONTRIBUT	INC TO DEATH BUT	NOT BELATED TO	O THE TERM	NAL DISEASE OR COM	NED LADIE	AL INTO A DT 14	
Z	PART 2 OTHER S	IOINIFICANI CC	IA P	EMID	NOT RELATED TO	TA	FFOT	1/19/	N IN PART III	31
CERTIFICATION	190 DATE OF OPE	PATION	196 CONDITION FOR	WHICH OPERATION	NI WAS DEPENDA	AED.	200 AUTOPSY?	TON IF YES	WERE FINDIN	IGS LISED
5	170 DATE OF OFE	KATION	198 CONDITION TOR	WINCHOFERATION	4 WAS FERFORM	NED	200 AOIOFST:		TING CAUSES	
E							YES NO	YES		NO 🗌
	21g. ACCIDENT WAS		HOUR A.M. MON	NTH DAY YEAR	216. HOW INJU	IRY OCCURRE	ED (ENTER NATURE OF INJUR	IN ITEM 18, PA	RT I OR PART 2)	
N A I	(IF EITHER, NOTIFY M		P.M.	19	7					
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	obove, (I) (w	e) (did) (did not)	view the body after deat	h.	DEGREE					
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23a, F	BURIAL, CREMATIC	ON REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CRE	EMATORY	236. LOCATION		W	-/-
	SPECIFY) Bur		6/4/79	Loudon			CITY OR TOWN		COUNTY	STATE
24 51						25a DATE	Baltimore REC'D. BY REGISTRAR	25h REGISTI		arylan
			Funeral Hog		sville			A. ALGISTA	TAN 3 SIGNAT	ORC
1 70	630 Edmor	ndson Av	venue Catons	ville, Md.		JUN	4 1979	MA	MAN TO STATE OF THE PARTY OF TH	rooly

DHMH-16 50M 7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remaye corban papers, Pages 1

should be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,



in must be notified at once.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGUNE

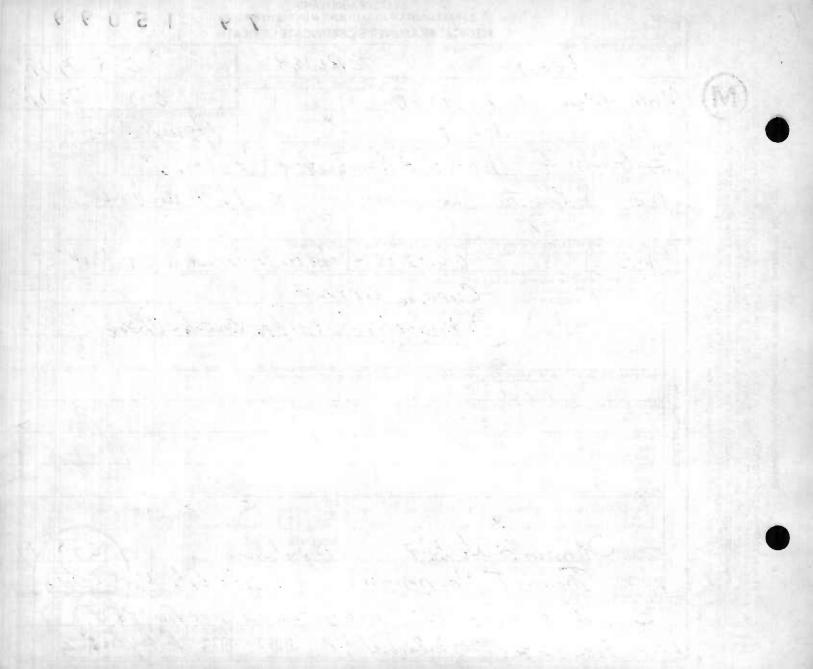
		FOR STATE REGISTRAR				CERTIF	IEALTH AND MENTAL HYC	REG. NO		0 9	8	
		CEASED NAME OR PRINT)	Harri		S.		IROBO T	20. DATE OF DEATH June		1979	8:00	
	3. SEX	Female		4 RACE Whit	e	5. DATE C MONTH Nov	H DAY YEAR	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YE,		24 HRS MIN
6	C	RIHPLACE (STATE OR FO		U.S		WIDOWE			ward	Y OF DEATH		MD.
O	W	oodbine		(1F NOT IN SUC 286	8 Florence	e Rd.	DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewi	F WORKING LIF		OF BUSINE	SS OR
1	130. S Ma	AL RESIDENCE (IF NURS TATE ryland	HOWE	VTY_	1, GIVE RESIDENCE BEFORE 113c. CITY OR TOWN Woodbin	N	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 2868 F10	rence	Rd.		
26		THER'S NAME FIRST Nimrod		WIGGLE	Harrison		15 MOTHER'S MAIDEN NA FIRST Jenny	* WIOOFE		Sulliv	last 'an	
		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	216-56-5		John M. Ch	robot, Ite	m 13			
	NOI	18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm couse (a), statin underlying cause PART 2. OTHER SIGN	/AS CAUSE IMMEDIA , which mediate ing the : lost.	D BY: TE CAUSE (o) DUE TO, O (b) DUE TO, O (c)	Hypertens Rasaconseoue Right Her Rasaconseoue Uremia	NCE OF MIDLE	Artericelero gia, Cachexia			1970 1970	DEMATE INTER NONSET AND D=1979 D=1979 D=1979)
1	CERTIFICATION	19a DATE OF OPERA	TIÓN	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINE FYING CAUS ES		H?
1	MEDICAL CER	21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR) WHILE NOT WORK AT WORK	CAUSE OF DEA	HOUR A.P.	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F.	19	21t. HOW INJURY OCCUR 21t. LOCATION STREET	RED (ENTER MATURE OF INJUR		PART I OR PART 2		TATE
		22a.1 certify that (1) sow the decess above, (1) (we) (c 22b. SIGNATURE	(this hospi ed alive on did) (did no	tol) oftended the June 2 to view the body	Nauve	79_,。,	vear of 19 70 nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the do	ote and hou	22c. DA	that (1) (vine couses stormed to SIGNED 23-79	
H		22d. PHYSICIAN'S NA		E. Hall	, M.D.		27e ADDRESS Sykesville	, Md.				
	(BURIAL, CREMATION, SPECIFY) Burial UNERAL DIRECTOR NAME Olin			25,1979		ennings Chape	23d. LOCATION CITYORTOWN Florence Flore		COUNTY Howard	Md.	ATE

DHMH - 16 50M 7/77 (VR A 15 (4))

Olin L. Molesworth, Damascus, Md.

BP.

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	REGISTRAR		MED		NER'S C	ERTIFICATE	OPDEATH	REG.	NO.		
	ECEASED NAMI	Glady	S	P.	E11	i s		ATE KNOWN OF ESTI- ATH MATED	7 0 0	DAY YEAR	2b. HOUR
3. SE	x emale	4. RACE white	July 11,19	925 6. AGE (IN	YEARS IF UN HDAY) MONTH YRS.		MIN. PRON	DATE HOUNCED DEAD	MONTH (0-25	DAY YEAR	2d. HOUR
70	SIRTHPLACE (SO OREIGN COUNTRY)	IATE OR	U.S.A.		18	ED NEVER MAR	RRIED	oward (_		MD
1	llicott		11. NAME OF HOSP (IF NOT IN SUCH FACE 8202 Me	ITAL, NURSING HOLLITY GIVE STREET ADDRESS	ME, OR OTH	ER INSTITUTION	120. USUAL OF FOR MOST O	CCUPATION (F WORKING LIFE)	2.017	OR INDUST Lunchro	USINESS TRY
130.	AL RESIDENCE STATE aryland	(IF IN NURSING HOME OF 13b. COUNT Howar	ROTHER INSTITUTION, GIVE TY	RESIDENCE BEFORE ADMIS 13c CITY OR TOWN Ellicott		13d. INSIDE CITY LIMITS?	130. SIREEI A	DDRESS Main St	treet		
14. F	ATHER'S NAME		MIDDLE	Palm		15. MOTHER'S MAII Alice	DEN NAME	MIDDLE		lvans	
160.	WAS DECEASED YES, NO, OR UNKNO NO	D EVER IN U.S. ARM	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR 547 32 23		Donald F	. Ellis		manor I		21043
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MEDICAL	21d. INJURY C		21e PLACE OF	FINJURY (AT HOME, RY, FARM, ETC.)		CATION	CITY	ORTOWN	cou	JNTY	STATE
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230.	~		s F. Herb			ADDRESS Ellic			and 210)43	
	buri		36. DATE 29/99	23c. NAME OF C		m. Garden		ttsvil		rd, Mar	yland
SIL	ACK Fun	eral Home	,Ellicott	City, Mar	yland	21.043 250. DAT	JUN 2 8	1979	Lines SI	GNATURE C	rody

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13	1-	FOR STATE REGISTRAR	DEPARTMENT	OF HEALTH AND MENT.		5 1 0 1
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ELAY IS TO THE J. PAGE BE FILED SS, 301 V	E	llicott City	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDI 3011, Brookwodd Ro	ad ess)	FOR MOST OF WORKING LIFE)	PE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY umental Ins. Co
21201 IF ANY DELA AND 3 TO S. RETAINE R. SHOULD BE L'RECORDS,	13g S	aryland Howa	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AL NTY TO TO TO TILICOTT	YCity 13d. INSIDE CITY LIM	3014 Brookwoo	d Rd. Ellicott Cit;
RE, MD. 2 DEATH. I GES 1, 2, RM PM 3. AND 2 S OF VITAL	0		Fromentin MED FORCES? 166 SOCIAL SEC		argaret Petrick	LAST LAST
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201 SCERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RING THE WORD "PENDING" IN PENCIL IN 1EM 18. GNVE PAGES 1, 2, AND RIDD TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETER E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOUL E DEPARTMENT OF HEALTH AND MENTAL HYCIENE, DIVISION OF WITH RECO		Canditions, if any, which gave rise to immediate couse (a) stating the <u>underlying couse lost</u> .	TE CAUSE (o) OR A A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	NUMBER OF	ol saforchi	DETWEEN ONSELAND DEATH WE STORED G + // LUT.
DF VITAL RECORDS, 30 TE SHOULD BE EXECUTION OF THE MEDICAL ENDER OF THE MEDICAL END FEITH AND A BURIL CREMATION, OF THE MEDICAL CREMATION, OF THE ME	CERTIFICATION	190. DATE OF OPERATION		DEPARTION WAS PERFORMED?	ex recollite	20 years 70 AUTOPSY? YES \(\text{NO} \(\text{NO} \)
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21201 IF ANY DEI 3. RETAIN SHOULD BE		aryland	How:	ard	Ellioctt Ci	ty	136. INSIDE CITY LIMITS? YES NO A 2822 Greenway
- 2.E. 0. T.	14. F	ATHER'S NAMI		eke Sr.	LAST		15. MOTHER'S MAIDEN NAME FIRST Grace Holtz Holtz
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENECT - STATE REGISTRAR DECEASED NAME 28. DATE KNOWN 2ъ. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 2d. HOUR 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 DATE MONTH LAST BIRTHOAY) PRONOUNCED 10 DEAD 78. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land U.S.A. DIVORCED II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Student Student Columbia USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Howard 134 CITY OR JOWN 13d. INSIDE CITY LIMITS? 10133 Hyla Park Road Maryland Columbia 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Coles Mary Martin Arthur Goins Jr. 17. INFORMANT **ADDRESS** 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Martin Arthur Goins Jr. 10133 Hyla Park Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). DIVISION OF VITAL RECORDS, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF YES NO M PRIOR TO BURIAL 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING POR MEDICAL 197 CONTRIBUTING CAUSE OF DEATH 6-21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) GGE 4 SHOULD BE OF FUNERAL DIRECTOR: POFITER DEATH, WITH THE STALLIMORE, MARYLAND, 21 Inspection X 22s. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Homicide Undetermined manner deoth resulted from: Notural couses EXAMINER'S NAME AFT O Catonsville, Maryland June 19 Cremation Westview Memorial Park 25a. DATE REC'D. BY REGISTRAR 25b. REGISTAR'S SIGNALIBE 24 FUNERAL DIRECTOR **DHMH-17** Witzke 4112 Columbia RD Ellicott City (VR A15 ME (5)) 15M 7/76

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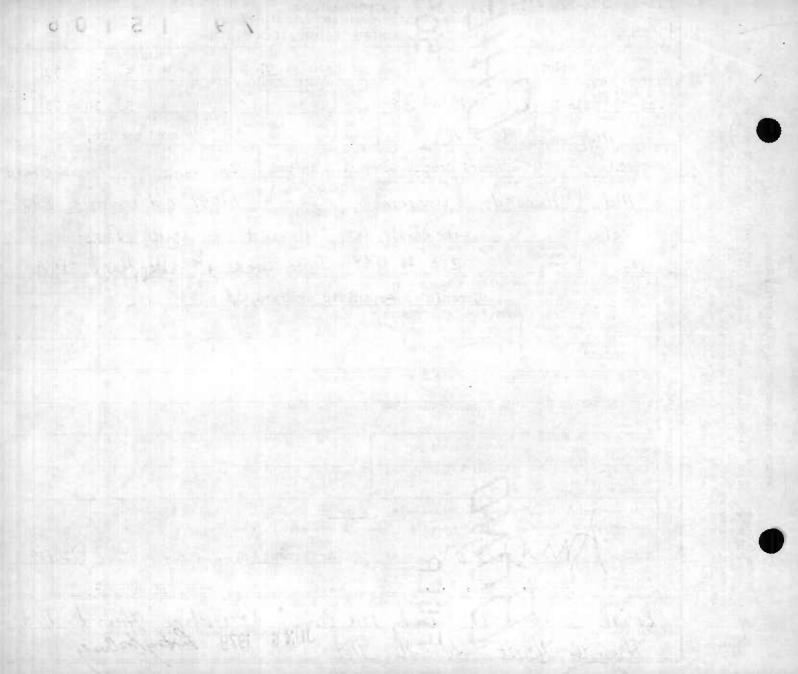
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		429		E CAUSE (a)_		consequen		ile my	rocard	itis				
OR REMOVAL		Candition	s, if any, which	DOET	U, UK AS A	CONSEQUEN	CEOF							
			e to immediate stating the under-	(b).	O OP AS A	CONSEQUEN	CE OF							
		lying caus			O, OK A3 A	CONSEGUEN	CE OI						1/13	
		PART 2 OTNER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO	OEATH BUT NO	OT RELATED TO THE	TERMINAL OISEAS	SE OR CONDITION	GIVEN IN PART	1 10	4		1	
	NOL									11/9		1115		
/	CERTIFICATION	19a. DATE OF	OPERATION	19b. C	ONDITION	FOR WHICH C	PERATION W	VAS PERFOR	MED?	(12	20 AUTO	
4	RTI	21a. EXTERNAL	CALISE WAS	21h TI	ME OF INJU	IDV	1216	OW INTURY	OCCURRED	ENITED NIATION	OF INJURY IN ITEM	10.0407.1.00.0	YES	NO 🗆
2	A CE	UNDERLYING	OR	HOU	R A.M. MC	ONTH DAY	EAR	O W INJURY	OCCURRED	(ENIEK NATURE	OF INJURT IN ITEM	TIBPAKITORP	AKI 2)	
3	MEDICAL	CONTRIBUTIN	G CAUSE OF D		P.M.	JURY (AT HOW		CATION						
3	ME	WHILE AT WORK			ET, FACTORY, F			STREET		СПУ	OR TOWN	CC	YTHUC	STATE
				Col	1 2			x X				4.		
			y that I taak charge	TX.	1			7	Inspection		uiry L.J.	and in my a	pinian	
		death resulte	A Notoro	al causes	J, Acci	ident [_],	Suicide	, Hamic		Undetermine	u manner _	٠,		
		ACTUAL SIGNATURE =	IM	Ah	XX		A		stant	MEDICAL E	YAMINED	DATE	5/3	30/79
1	-	1	, 7.	-	/	~				MEDICAL D	MANHINER	310N		1 =
1		(TYPE OR PRIN	T) Ann	M. Dix	on, M	I.D.	•	ADDRESS_		1	11 Pen	n Stre	et	
	23a.Bl	JRIAL, CREMAT	ON,REMOVAL 23		44.0	23c. NAME OF	CEMETERY	OR CREMATO	DRY	23d. LOCATIO	NON / a	POI	UNTY	5W5 /
	0.1	Bural	, (6-2-	79	Bush	Yack	Cemi	tery	The	dome	Hor	uned	md.
	24. Fl	NERAL DIRECT	VII V	1 - 11.	DDRESS	1. 16	4	od J	UN GERE	C1979	STRAR DE R	EGISTRUR'S	SIGNATURE 2	
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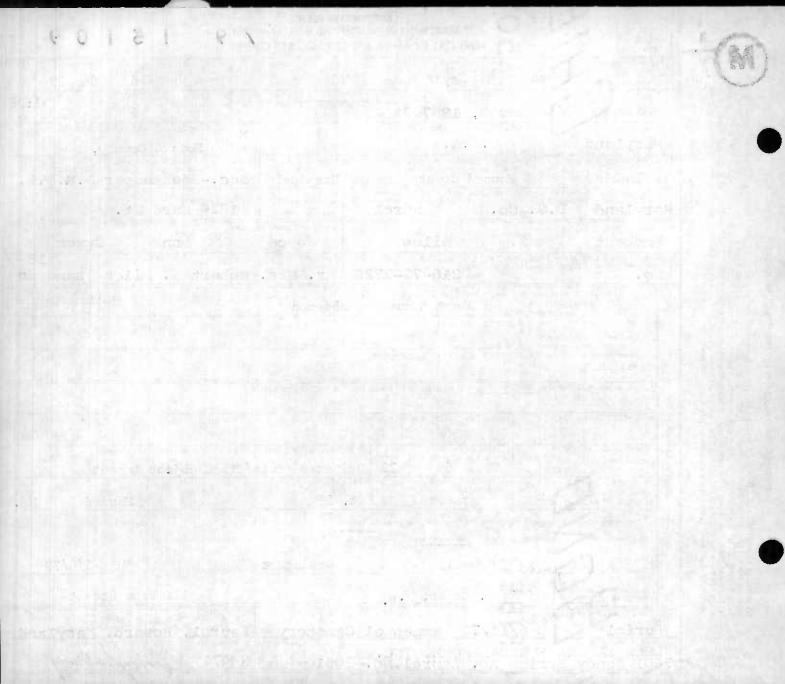
		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE,	0 0								
		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 0								
S F.		CEASED NAME FIRST E OR PRINT) MICHAE	A Bruncie KULCZYCK) 20 DATE KNOWN DONNIH OF ESTI- DEATH MATED [6 - 1	9 10 74 A								
1	3 SEX	4. RACE	S. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d. HOUR								
1	70. B	RTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTDY?	1974 76 N								
35	FO	Manyland	U. S. A. WIDOWED DIVORCED HOWARD COL	inty MD								
2	10 C	ty or town of DEATH Elkridge	II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) North Bound U.S. Route # One High School Student									
5	130. S	Panyland Howa		21227								
20		John	W. Kulczycki, Sa. 15. MOTHER'S MAIDEN NAME Anna M. Middle Green	LAST								
1	16a. V (Y	VAS DECEASED EVER IN U.S. AF ES. NO. OR UNKNOWN) TIF YES, GIVI	RMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT E WAR OR DATES) 217 86 3891 John W. Kulczycki Elknidge,	Mare 21227								
		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one cause per line far (a), (b), and (c),) ED BY: And A in the cause of the ca	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
	7	Canditions, if any, which gave rise to immediate cause (a) stating the <u>under</u> lying cause last.	e / (b)									
	i.		(c)									
	NOI											
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?								
		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR EDEATH LY SEM 6-19 1979 Struck by truck while crossing is									
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY LATHOME. STREET, FACTORY, RARM, ETC.) STREET STREET Whound USRf. Elbylge Lithurus	Me Me								
No.			rge of the remains described above, held an Autopsy , Inspection I Inquiry and in my apural causes , Accident , Suicide , Hamicide , Undetermined manner ,									
		ACTUAL SIGNATURE	mas Brown M.D. Defuty MEDICAL EXAMINER SIGNEI	6-14-79								
0		EXAMINER'S NAME Tho	mas F Herbert MDADDRESS PUSCOTT City, Md	21043								
	- (June 22, 1979 Meadowridge Mem. Pk. Baltimone Howard	County, Md.								
	24. F	uneral director ully Funeral	237 East Patapsco Avenue Home of Brooklyn Balto., Md. 2120N 2 2 1979	GNATURE								

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

-	R	TATE EGISTRAR		MED	DICAL EXA	MINER'S	CERTIFIC	CATE OF	DEATH	REG	G. NO.	1 0 3	
1		EASED NAME OR PRINT)	Debra		Joyce	М	iles		■ OF	EST1-	MONTH	1	
3.	SEX Fe	emale	RACE White	Nov 9,	YEAR 6 AG 1957 2	E (IN YEARS IF UI	NDER 1 YR.	IF UNDER 24	4 HRS. 2c. DA	UNCED	6 G	8 19 79 DAY YEAR 8 19 79	2d. HC
5	FOR	THPLACE (STA EIGH COUNTRY) arylar Y OR TOWN O	nd	U.S.	Α.	WIDOV	VED 🗆	VER MARRIED DIVORCED		Howar	d Coun	ty,	LICINES.
4	C	olumbia		(IF NOT IN SUCH FAC	County	General			FOR MOST OF V	VORKING LIFE)		OR INDUS	STRY
	Ma Ma	ryland	136 COUNTY	Co.	13c CITY OR TO		13d. INSIDE CI YES 🔀		1029	War	d St.		
5		Robert		MIDDLE S.	Miles		J	R'S MAIDEN	NAME	Ann	2 9	Dwyer	
2	(YES	AS DECEASED , NO, OR UNKNOW O •	EVER IN U.S. ARME		216-72		Mr.8		Rober	t S.		s sam	#13 e as
	NO	gave rise couse (a) si lying cause		(b)	AS A CONSEQU AS A CONSEQU UT NOT RELATED TO	ENCE OF	E DR CONDITION	N GIVEN IN PART	1 a.				
	TIFIC	19a, DATE OF C		196. CONDITI	ION FOR WHICH	OPERATION V	AS PERFOR	MED?			à	20 AUTOPS	
3	CAL		OR CAUSE OF DE	ATH ? P.M.	MONTH DAY	1979 Dr	iver o		enter nature of				
5	MED	21d. INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK	STREET, FACTO	FINJURY (ATH DRY, FARM, ETC.) Teet		STREET 29		CITY OR	TOWN		ounty ward	Md
3		22a. I certify deoth resulted		of the remains desc	Accident X	d on Autop	Homic		Undetermined		and in my o	ppinion	
		ACTUAL SIGNATURE	Vergene	2 DO	olan 1	00	A.D. Assi	stant	MEDICAL EX	AMINER	DATE	6/8/7	9
0		TYPE OR PRINT		inia L. D			ADDRESS_		In location		Penn :	Street	
2	E	urial	ON,REMOVAL 236	6/11/79		of CEMETERY C	emete	ery	23d LOCATION CITY OR TOWN	1. H	co oward	. Marv	state Lan
	FL 76	NERAL DIRECTION OF SAY	ÜREL FU	NERATORS	HOME, I	NC. Md. 2	0810	JUN 1	3 1979	RAR 256. R	1	Macreody	,



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	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MEN CERTIFICATE OF DEA	NTAL HYGIETE 9	REG. NO.	5 1 1	- The state of the
	I. DEC	CEASED NAME FIRST OR PRINT)	n OSCAR	Moody	20. DATE OF	DEATH MONTH	DAY YEAR 1979	26 HOUR 12:50 P. M
oge 4 mo	3 SEX	Male	white.		YEAR 872 87	ARS LAST BIRTHDAY) YRS		HOURS MIN
death. Pr funeral di thin 72 ha d at once.	cc	RTHPLACE (STATE OR FOREIGN DUNTRY) Md. TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY U.S. A.	MARRIED MEVER MAR	RCED H	RECITY OR COUN		MD.
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rely filled in 24 hours filled in must be	13a. S	THER'S NAME	13c CITY OR TO	WN 134 INSIDE CITY	OB 8.	50 Drive	Rd.	
complet 1 and 20	140 \	AS DECEASED EVER IN U.S. AR	MED FORCES? 1166 SOCIAL SEC		nna	ADDRESS	Ver WAT	lers
in ond s. Poges	(Y		WAR OR DATES	6204 Susie	A. Mood	m	erioHsv	ille Md.
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deoth ce attending ove corb trion, or r		Conditions, if any, which	DUE TO, OR AS A CONSEON	UENCE OF ASC	CVD		12	DYRS,
that the d by the ease rem ol, cremo		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEO	UENCE OF				
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The low ion. has been it permit item price. hows any	CERTIFICATION	190 DATE OF OPERATION	A CE THE !	H OPERATION WAS PERFORM	YES 🗌	NO 🔼	YES; WERE FINDIF RTIFYING CAUSES YES	
SICIAN: ng physic certificat riol-trans ental Hyg ltem 18 s	CAL	2] a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE PARTY OF THE PARTY OF	DAY YEAR	RY OCCURRED (ENTER NA	TURE OF INJURY IN ITEM I	18, PART I OR PART 2)	
offer this of the offer the order of the ord Aved or orked or	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE			CITY OR TOWN	COUNTY	STATE
ATTENDII Sspirol or CTOR: A d for use 1. of Heoli		sow the deceased olive on obove, (Ir(we) (did) (did)	tol) ottended the deceased from June. (b. 19. 11 view, the body ofter death.	79 , and that in (my) (ou	19.75 , to, to	d on the date and t	hour and from the	
TAL OR by the hor RAL DIRE detocher tote Dep		22b. SIGNATURE	Janks	PHY	ENDING MEDICAL	STAFF PHYSICIAN	22c. DATE	12-79.
TO HOSPI		R. V. H	ock, Jr.//	22e ADDRESS Syke	esuille.	nd.	PA.	
BP	23a. B	URIAL, CREMATION, REMOVAL	236. DATE 236 6-13-79	H- Alekanous a	wanten con	Instatick	Balte	Md.
IMH - 16 50M 7/77 (VR A 15 (4))	24. FL	UNERAL DIRECTOR Hairt	t Sykinille	Md.	JUN 1 8	19/9 P	HSTRAR'S SIGNA	Credy

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Tell Prince Phillp Dr., Dlney, MD Donned S. Dillon, AD

completely filled in by the funeral director, page 1 and 2 should be filed within 72 hours ofter deat

signed by the ottending physicion and car hen please remove corbanpapers. Pages 1

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

ATTENDING PHYSICIAN, The

injury, ar other troumatic event, the

IMPORTANT: If them 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOP HARRY: H WITZKE

4112 COLUMBIA PRD Ellicott

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1	FOR - STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	1 5	1 1	3
	ECEASED NAME FIRST E OR PRINT)	Loui	LA.	rphu		MONTH. DAY	YEAR - 79	26 HOUR 5.45AM
3 SE	F	4 RACE	5. DATE O MONTH		6. AGE (IN YEARS LAST BIRT	YRS.		IF UNDER 24 HRS HOURS MIN
Ľ	SIRTHPLACE ISTATE OR FOREIGN COUNTRY) Mass	76 CITIZEN OF WHA	A MARRIED WIDOWE		9. BALTIMORE CITY O	incl	DEATH	MD.
10 0	Polumbia-		CILITY, GIVE STREET ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O		126. KIND OF INDUSTRY	BUSINESS OR
USU 130	JAL RESIDENCE (IF NURSING HO)		COLUMBIC	134 INSIDE CITY LIMITS?		le Bou	ال	
14.F	JONN	WIDDIE	shields	Daisy	4' MIDDLE		LAST	Marshall
	WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	18-22-7453	Carol Ca	intelo Lo	uia Msy	Home.	Colempter ATE INTERVAL NSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last	h (b) DUE TO, OR AS	S A CONSEQUENCE OF S A CONSEQUENCE OF RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	IG CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	DE DEATH HOUR A.M.	JURY MONTH DAY YEAR	21c. HOW INJURY OCCUR				
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF II (AT HOME, STREET, I	INJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	220 I certify that (this has sow the deceased alive above, (1) (aid) (did) (did)	1 24 70	19an	d that in (=y) (our) opinian	deoth occurred on the d	, 17-		hat (Ih (we) last ouses stoted
	City adus	many per		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		224. DATE S	
	T.A. DADISH			220. ADDRESS 5999 NAVE/200	(FARMED	COUMBI	a mo	21044.
230.	BURIAL, CREMATION, REMO	VAL 23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	illo Va	UNITY DESC	STATE

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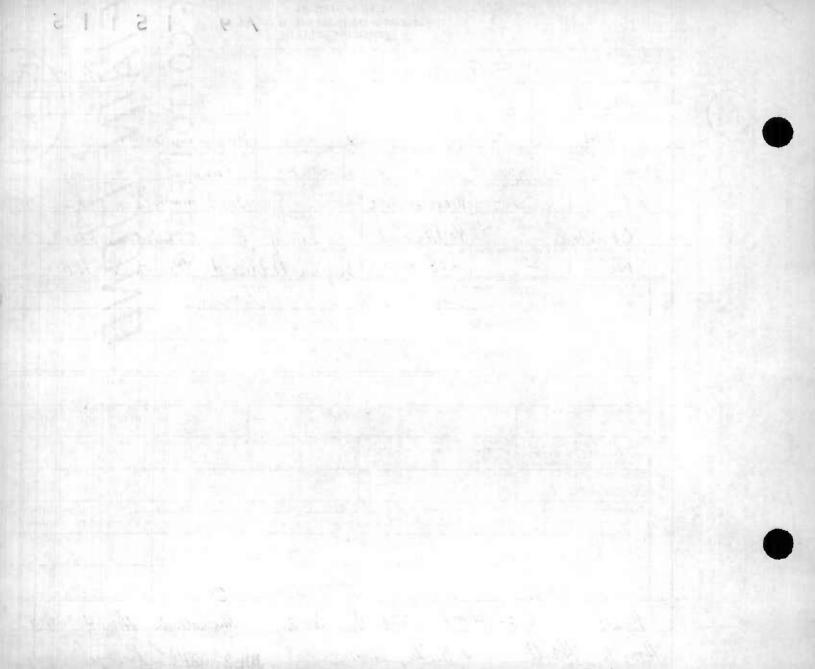
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K			FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL	uveillus ()	E 1 1 E
		1.	STATE REGISTRAR	DEFARIT	CERTIFICATE OF DEATH	REG. NO.	5115
the seath			CEASED NAME FIRST FOVVEST	F. Peddico	rd	20 DATE OF DEATH MONTH	25 79 1230 AM
		3. SE	× Nale	Cauc	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS
9	35	C	Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	- Howard Cou	inty Mo.
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LAND 2 nin 24 hc ly filled should b	ats 5	130	AL RESIDENCE (IF NURSING HOME OR O STATE 13b COUNT HOW ATHER'S NAME	Y 13 CITY OR TOW	N . 113d INSIDE CITY LIMIT	12050 Old FM	ederick Rd 21104
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BALTIMORE,	medical	16a \	VAS DECEASED EVER IN U.S. ARM. YES, NO ONUNKNOWN) (IF YES, GIVE W	ED FORCES? 16b SOCIAL SECU VAR OR GATES) 218 14	6820 Eugener T.	Addicard Maris	thrille Md.
es that the death ce need by the attending please remove carbo	injury, or other troumotic event,	NO	PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 1(a)
A RECOR	2 shows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{YES} \)
> X X 0 0 0 1	18 sh	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D. P.M.	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2)
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TTENDI prtol or TOR: A for use	21 is		22a.1 certify that (1) (this haspital saw the deceased alive an abave, (1) (we) (did) (did nat)	JUNE 25 19		nian death occurred an The date an	, 17 mai (1) (we) last
1 OR he had been to che	ZI. # fee		M. KAPCA	n		NG MEDICAL STAFF IN POIRECTOR PHYSICIAN [22c. DATE SIGNED
TO HOSPITAL TO FUNERAL should be defit with the State	MPORTANT		DO JOHN SKIAME (THE CHIP	_	5755 Ced	ar Lane Columbia	Md 21044
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STATE OF MARYLAND	
STATE APPLICATE CAPPLICATE OF THE APPLICATE OF THE APPLIC	5 1 1 6
REG. I	NO, MONTH DAY YEAR 26. HOUR
LOUISE Elizabeth SEWELL OF ESTI-	06-29 1979 M
	MONTH DAY YORR 2d HOUR 8 P. M
REIGN COUNTRY) MARRIED L. I.	OR COUNTY OF DEATH
TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (1)	TYPE OF WORK 12b. KIND OF BUSINESS
ward County 5706 Furnance Ave. Howard CO. Domestic We	ork Pvt. Family
TATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	County ce Ave. Howard C
THER'S NAME IS. MOTHER'S MAIDEN NAME.	LAST
lbert F. Taylor Rosie	Dorsey
VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRES 15. NO. OR UNKNOWN) [IF YES, GIVE WAR OR DATES]	SSAve. Howard Co.
	or 5706 Furnance
gave rise to immediate couse (o) stating the under- lying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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	ond in my opinion
ACTUAL SIGNATURE THOSE ACTUAL M.D. DEN MM MEDICAL EXAMINER	DATE 6-29-79
ACTUAL MANA MANAGEMENT NEARLY	Nd 21043
EXAMINER'S NAME THE RESIDENCE TO THE STATE OF THE STATE O	DATE C-29.79 Md 21043 County Md.
SHOPE X	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MODIE LUSI JR. DATE RICHARD S. DATE OF BIRTH DON YEAR JOST DATE OF BIRTH DON YEAR JOST DATE OF BIRTH DON YEAR JOST DATE JOST DEATH DEATH MATED DON YEAR JOST DATE JOST DEATH DEATH JOST DATE JOST DEATH DEATH JOST DATE JOST DEATH JOST DATE JOST DEATH JOST DATE JOST DATE JOST DATE JOST DEATH JOST DATE JOST DATE JOST DEATH JOST DATE JOST DA

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 impretained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, proceedings of the process of the
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-		3		REGISTRAR					REG. NO.	
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3 3 3	mp '.	40	3. SE		4 RACE		5. DATE C			FUNDER I YEAR IF UNDER 24 HRS
-	ge 4		F	emale	White)	July		55 -51 YRS.	
	Por lair	once.		RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	8 AAA DOIEI	NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
		0 0	Vi	rginia	U.S.A.		WIDOWE		Howard County	MD.
	er de	O O O O		TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
5	s off	E00	C	olumbia	P.0	Box 8	44		(TYPE OF WORK FOR MOST OF WORKING LIFE) HOUS EWife	Homemaking
21201	t in be f	o o	USU,	AL RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)	136 INSIDE CITY LIMITS?	13e_STREET ADDRESS	
N.	24 Filled	wa.	5.0		ward	Columbi	a	YES NO NO	P. O. Box 844	+
YLA	within letely d 2 sh		14 FA	THER'S NAME				15. MOTHER'S MAIDEN NA		
AAR	mple ond	13/3/		Paul	WIDDIE	aselovs	skv	Barbara	MIDDLE	Rendes
RE, A	5 0	0		AS DECEASED EVER IN U.S.	RMED FORCES?	166. SOCIAL SECU	- W	17 INFORMANT	ADDRESS BOY	
WO	e execu	medicol		es, no or unknown) (IF yes, G	IVE WAR OR DATES)	212-20-8	3398	Lewis T. Sh	P.O. Box naffer, Columbia	Md 27044
ALTI	0 00	0		18 CAUSE OF DEATH (Enter					Tari or , oo Lambia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ed .	certificate ng physici ban paper r removal.	event, in		PART I. DEATH WAS CAU	SED BY:	Myocard		rection		Immidizte
Z S	on paring	é		11 n 110 IMMEDI	ATE CAUSE (0)	1				1.7777760
STON	tend re co on, o	ranma		Conditions, if ony, which	DUE TO, OR	ASIA CONSEQUE	CNSWC	Heart Disea	001	yrs
8				gove rise to immediate couse (o), stoting the	(6)			7,00.7 37130	37	1
*	by the	ather		underlying couse lost.	DUE TO OR	AS A CONSEQUE	Venz	1 Bilure		175
201	s t	ŏ		PART 2. OTHER SHOWIELCAN	CONDITIONS CO				INAL DISEASE OR CONDITION GIVE	N IN PART 1(n)
ZDS,	signification si	olory.	NO.	1)121	-1	nellitu	A			
RECORDS		y ony	¥	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20s AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
L RE	has per per	\$ 7	CERTIFICATION						YES NO YES	ING CAUSES OF DEATH?
AT/		9	E S	218. ACCIDENT WAS UNDERLYING	21b. TIME OF			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	
OF.	CIAN 9 physertifical iol-tro	E /		OR CONTRIBUTING CAUSE OF D	EP 111	A. MONTH DA	AY YEAR			
DIVISION OF	10 0 11 - 01 1	5	MEDICAL	216 INJURY OCCURRED	21e PLACE C	OF INJURY		21f LOCATION		
VISI	G P	D e d	¥	WHILE NOT WHILE AT WORK	(AT HOME, STRE	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
ā	ol or ol ol or ol	a orked		22a.l certify that (I) (this her	oftended the	deceased from_	19	10 19	to June 6	9 79 , that (I) (we) lost
	or or of He	S 12			on June	- Arriv	79 . 01	nd that in (my) (arr) opinion	death accurred on the date and hour	and from the couses stated
	REC REC	E		77b. SIGNATURE	view the body	offer death.		DEGREE		22c. DATE SIGNED
	TAL O y the RAL DI detach tote De	<u></u>		Mala	4150	uln	mi	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6-7-29
	by by VERA Sto	Z —		276. PHYSICIAN'S NAME (TYPE	OR PRINT)	40.		22e ADDRESS	_ JAKEETON _ TATOLEIAN _	10 1 1
	TO HOSPITAL Cretained by the TO FUNERAL D should be detact with the State D	MPORTAN		Charles	E. Tavl	or Mi)	5999 Hom	4's Bom Rd. (Tolumba MD
	of of shoot	ξ	23n. F	URIAL, CREMATION, REMOV		100		EMETERY OR CREMATORY	123d LOCATION	
	BP		- (SPECIFY)	Jule	10.		eedom Cem.	CITY OR TOWN	COUNTY STATE
				UNERAL DIRECTOR	21		H T.T.	25a. DAT		ork Co. Pa
	OHMH - 16 50M 7/77 (VR A 15 (4))	-		NAME/	test &	New F	reed	om, Pa.	JUN 1 2 1979	infray / Helisady
		-	_	KARRIED YOU PY	the contract	61/	20001	July Total	AGUITS	

11121 + 1 111 D. Helen H. Staffer L. C. T. 79 78A The state of the s Comment of the second of the s The same and the same of the s ne i de la companya man some some AND THE RESERVE OF THE PARTY OF The state of the s

FOR STATE REGISTRAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGONE

15118

	REGISTRAR							REG. NO.		
	CEASED NAME	FIRST		WIDDLE	L.	AST	20. DATE OF	DEATH MONTH	DAY YEAR	25 HOUR
TIYPE	E OR PRINT)	Arthu	r	MCCauley	S	TONE '		June !	5,1979	10:15
3. SE	Х	4	RACE	S. 1671-	5 DATE C		6 AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAYS	
	Male		White		Jul	y 28,1893	8	35 Y	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FO	OREIGN 7	L CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMO	RE CITY OR COU	NTY OF DEATH	
1	Maryland	43.14	U.S	.A.	WIDOWE		F	Howard C	0.,	N
10 C	Mt. Airy	ATH 1	1. NAME OF (IF NOT IN SU 1160	HOSPITAL, NURSI CHEACILITY, GIVE STREE Long Col	ng home contaddress)	or other institution	120. USUAL C	POCCUPATION FOR MOST OF WORKING	NG LIFE) 12b. KIND INDUSTRY	OF BUSINESS C
13a S	ALRESIDENCE (IF NURS STATE aryland	13b COUNT Howai	Y	GIVE RESIDENCE BEFO	WN	13d INSIDE CITY LIMITS?			orner Ros	ad
	ATHER'S NAME FIRST Howard]	DOLE	Stone		15. MOTHER'S MAIDEN N.	Elizal		Knill "	AST
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SEC		17 INFORMANT		ADDRESS		
	No		W	220-34-	6643	Rita S. St	one,	Item 13		
	Conditions, if any, gove rise to improve to improve underlying cause	, which mediate ag the	DUE TO, C	DR AS A CONSEQUENCE OF A CONSEQU	lens	reludie	Hent	Dista	ion	er 5 ye
ICATION	Conditions, if ony, gove rise to improve to improve to improve the course to improve the course to t	, which mediate and the lost.	DUE TO, C (b) DUE TO, C (c) DNDITIONS C	OR AS A CONSEOL	JENCE OF	NOT RELATED TO THE TER	Heart MINAL DISEASE 200 AUTO	PSY? ZPK II	I GIVEN IN PART 1 FYES, WERE FIND ERTIFYING CAUSE	INGS USED
RTIFICATION	Conditions, if ony, gove rise to imm couse to isotoriunderlying couse PART 2 OTHER SIGI	, which mediate ag the lost.	DUE TO, C DUE TO, C DUE TO, C (c) DUDITIONS C	OR AS A CONSEOL ONTRIBUTING TO	JENCE OF	N WAS PERFORMED	200 AUTO	PSY? 706. II	F YES, WERE FIND ERTIFYING CAUSE YES [INGS USED
CAL CERTIFICATION	Conditions, if ony, gove rise to immove (a), statir underlying cause	, which mediate ng the lost. NIFICANT CO	DUE TO, CO DUE TO, CO (c) DODITIONS CO 19b. CONE 19b. CONE HOUR A	OR AS A CONSEOL ONTRIBUTING TO	JENCE OF DEATH BUT H OPERATIO	N WAS PERFORMED	200 AUTO	PSY? 706. II	F YES, WERE FIND ERTIFYING CAUSE YES [INGS USED S OF DEATH?
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DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the haspital or attending physician.

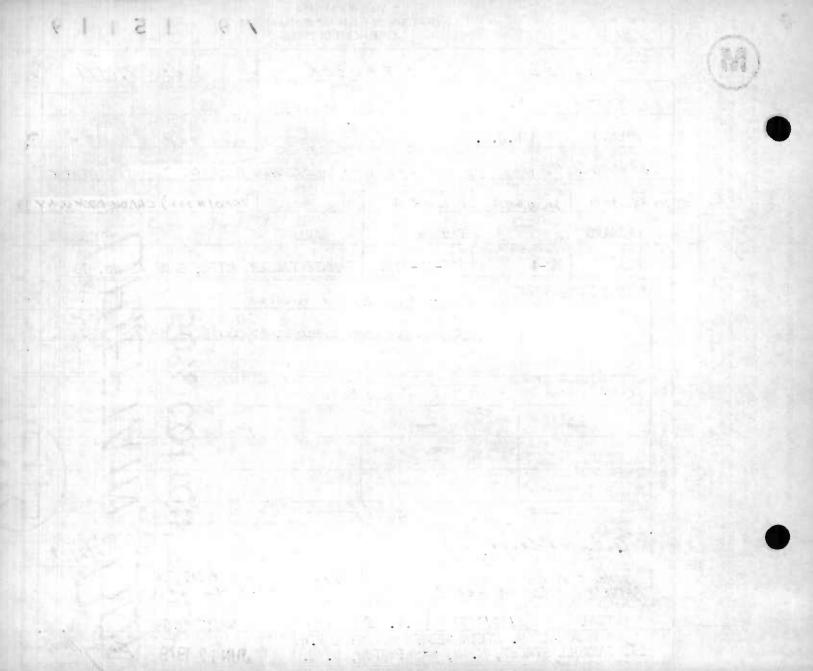
TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and c should be detached for use as the buriol-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.



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